

KKO
F. #2017R01840

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

----- X

UNITED STATES OF AMERICA

- against -

KEITH RANIERE, *et al.*

CERTIFICATE OF SERVICE

Criminal Docket No. 18-204 (S-2) (NGG)

Defendants.

----- X

I, Elizabeth Valeriane, hereby certify that on July 22, 2019, I caused to be served Notices of Forfeiture, copies of the Preliminary Orders of Forfeiture and copies of the Amended Orders of Forfeiture, pursuant to 21 U.S.C. § 853(n)(1) in the above-captioned action, by Certified Mail Return Receipt Requested, (attached hereto) upon:

Kathy Russell
c/o Justine Harris, Esq.
Sher Tremonte LLP
90 Broad Street, 23rd Floor
New York, New York 10004

Lauren Salzman
c/o Hector Diaz, Esq.
Quarles & Brady, LLP
2 North Central Avenue
Phoenix, Arizona 85004

Allison Mack
c/o William McGovern, Esq.
Kobre & Kim LLP
800 Third Avenue, Floor 6
New York, New York 10022

Clare Bronfman
c/o Kathleen Cassidy, Esq.
Hafetz & Necheles LLP
10 E 40th St, 48th Floor
New York, New York 10016

Keith Raniere
c/o Marc Agnifilo, Esq.
Brafman & Associates
767 Third Avenue
New York, New York 10017

Sara Bronfman
c/o Lester E. Lipschutz, Esq.
Cozen O'Connor
One Liberty Place
1650 Market Street, Suite 2800
Philadelphia, Pennsylvania 19103

Keith Raniere - 57005-177
MDC Brooklyn
METROPOLITAN DETENTION CENTER
P.O. Box 329002
Brooklyn, New York 11232

Fifth Third Mortgage Company
5001 Kingsley Drive
MD: 1MOCBQ
Cincinnati, Ohio 45227

I, Elizabeth Valeriane, further certify that on August 13, 2019, I caused to be served Notices of Forfeiture, copies of the Preliminary Orders of Forfeiture and copies of the Amended Orders of Forfeiture, pursuant to 21 U.S.C. § 853(n)(1) in the above-captioned action, by Certified Mail Return Receipt Requested, (attached hereto) upon:

NXIVM
c/o Michael Sullivan, Esq.
Ashcroft Law Firm
200 State Street, 7th Floor
Boston, Massachusetts 02109

Dated: Brooklyn, New York
August 21, 2019

/s/ Elizabeth Valeriane
Elizabeth Valeriane
FSA, Law Clerk



U.S. Department of Justice

*United States Attorney
Eastern District of New York*

KKO
F. #2017R01840

271 Cadman Plaza East
Brooklyn, New York 11201

July 22, 2019

By Certified Mail/Return Receipt Requested

Kathy Russell
c/o Justine Harris, Esq.
Sher Tremonte LLP
90 Broad Street, 23rd Floor
New York, New York 10004

NOTICE OF FORFEITURE TO POTENTIAL THIRD PARTY CLAIMANTS

Re: *United States v. Keith Raniere et al,*
Criminal Docket No. 18-204 (NGG) (EDNY)

To Whom It May Concern:

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The procedure for filing a claim is set forth more fully in 21 U.S.C. § 853(n). If you intend to file a claim, you must do so within thirty (30) days of your receipt of this letter. Any ancillary petition must be filed under the above case name and number in the United States District Court for the Eastern District of New York, Clerk of Court, 225 Cadman Plaza East, Brooklyn, New York 11201, with copies to the undersigned. The ancillary petition must be signed by the petitioner under penalty of perjury and shall assert: (1) the identity of the property in which the petitioner claims a legal right, title or interest; (2) the nature and extent of such right, title or interest; (3) the time and circumstances of the petitioner's acquisition of the right, title and interest; and (4) any additional fact or documents supporting the petitioner's claim and the relief sought. A copy of the ancillary petition should also be served upon:

Assistant U.S. Attorney Karin Orenstein
United States Attorney's Office
Eastern District of New York
271-A Cadman Plaza East
Brooklyn, New York 11201

If you have any questions regarding the above matter or need additional assistance please feel free to contact the undersigned.

Very truly yours,

RICHARD P. DONOGHUE
United States Attorney

By:

K. Orenstein
Karin Orenstein
Assistant U.S. Attorney
(718) 254-6188

Enclosure: Preliminary Orders of Forfeiture
Amended Preliminary Orders of Forfeiture

U.S. Department of Justice



United States Attorney
Eastern District of New York

KKO
F. #2017R01840

271 Cadman Plaza East
Brooklyn, New York 11201

July 22, 2019

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Allison Mack
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Kobre & Kim LLP
800 Third Avenue, Floor 6
New York, New York 10022

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Assistant U.S. Attorney Karin Orenstein
United States Attorney's Office
Eastern District of New York
271-A Cadman Plaza East
Brooklyn, New York 11201

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United States Attorney

By:

Karin Orenstein
Karin Orenstein
Assistant U.S. Attorney
(718) 254-6188

Enclosure: Preliminary Orders of Forfeiture
Amended Preliminary Orders of Forfeiture



U.S. Department of Justice

United States Attorney
Eastern District of New York

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Lauren Salzman
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Quarles & Brady, LLP
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Assistant U.S. Attorney Karin Orenstein
United States Attorney's Office
Eastern District of New York
271-A Cadman Plaza East
Brooklyn, New York 11201

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Very truly yours,

RICHARD P. DONOGHUE
United States Attorney

By: *KO*
Karin Orenstein
Assistant U.S. Attorney
(718) 254-6188

Enclosure: Preliminary Orders of Forfeiture
Amended Preliminary Orders of Forfeiture

U.S. Department of Justice



United States Attorney
Eastern District of New York

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271 Cadman Plaza East
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July 22, 2019

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Clare Bronfman
c/o Kathleen Cassidy, Esq.
Hafetz & Necheles LLP
10 E 40th St, 48th Floor
New York, New York 10016

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Eastern District of New York
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Brooklyn, New York 11201

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United States Attorney

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Karin Orenstein
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(718) 254-6188

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Eastern District of New York

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Keith Raniere
c/o Marc Agnifilo, Esq.
Brafman & Associates
767 Third Avenue
New York, New York 10017

Keith Raniere - 57005-177
MDC Brooklyn
METROPOLITAN DETENTION CENTER
P.O. Box 329002
Brooklyn, New York 11232

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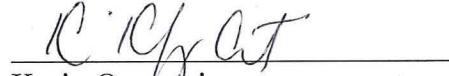
Assistant U.S. Attorney Karin Orenstein
United States Attorney's Office
Eastern District of New York
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U.S. Department of Justice

*United States Attorney
Eastern District of New York*

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271 Cadman Plaza East
Brooklyn, New York 11201

July 22, 2019

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Sara Bronfman
c/o Lester E. Lipschutz, Esq.
Cozen O'Connor
One Liberty Place
1650 Market Street, Suite 2800
Philadelphia, Pennsylvania 19103

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Eastern District of New York
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United States Attorney
Eastern District of New York

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Brooklyn, New York 11201

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Fifth Third Mortgage Company
5001 Kingsley Drive
MD: 1MOCBQ
Cincinnati, Ohio 45227

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United States Attorney

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Karin Orenstein
Assistant U.S. Attorney
(718) 254-6188

Enclosure: Preliminary Orders of Forfeiture
Amended Preliminary Orders of Forfeiture



U.S. Department of Justice

*United States Attorney
Eastern District of New York*

KKO
F. #2017R01840

*271 Cadman Plaza East
Brooklyn, New York 11201*

August 13, 2019

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NXIVM
c/o Michael Sullivan, Esq.
Ashcroft Law Firm
200 State Street, 7th Floor
Boston, Massachusetts 02109

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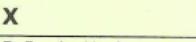
RICHARD P. DONOGHUE
United States Attorney

By: 
Karin Orenstein
Assistant U.S. Attorney
(718) 254-6188

Enclosure: Preliminary Orders of Forfeiture
Amended Preliminary Orders of Forfeiture

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Kathy Russell C. Date of Delivery 7-30-19</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>1. Article Addressed to:</p> <p>Kathy Russell c/o Justine Harris, Esq. Sher Tremonte LLP 90 Broad Street, 23rd Floor New York, New York 10004</p> <p>9590 9402 3406 7227 8038 02</p> <p>2. Article Number (Transfer from service label) 7003 0500 0002 4773 5339</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt			

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Mali Evans C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>1. Article Addressed to:</p> <p>Lauren Salzman c/o Hector Diaz, Esq. Quarles & Brady, LLP 2 North Central Avenue Phoenix, Arizona 85004</p> <p>9590 9402 5067 9092 8288 73</p> <p>2. Article Number (Transfer from service label) 7003 0500 0002 4773 5360</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>1. Article Addressed to:</p> <p>Allison Mack c/o William McGovern, Esq. Kobre & Kim LLP 800 Third Avenue, Floor 6 New York, New York 10022</p> <p>9590 9402 5067 9092 8285 21</p> <p>2. Article Number (Transfer from service label) 7003 0500 0002 4773 5353</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>Tracking Number: 70030500000247735353</p> <p>Your item was delivered to the front desk, reception area, or mail room at 3:48 pm on July 29, 2019 in NEW YORK, NY 10022.</p> <p>Status Delivered July 29, 2019 at 3:48 pm Delivered, Front Desk/Reception/Mail Room NEW YORK, NY 10022 Get Updates</p>			
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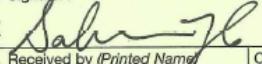
Delivered

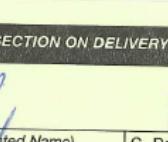
SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: Clare Bronfman c/o Kathleen Cassidy, Esq. Hafetz & Necheles LLP 10 E 40th St, 48th Floor New York, New York 10016  9590 9402 5067 9092 8280 57		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <input type="text" value="X"/> C. Date of Delivery <input type="text" value=" "/> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Tracking Number: 70030500000247735414			
2. Article Number (Transfer from service label) 7003 0500 0002 4773 5414		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
Your item was delivered to the front desk, reception area, or mail room at 12:51 pm on July 25, 2019 in NEW YORK, NY 10016.			
PS Form 3811, July 2015 PSN 7530-02-000-9053			

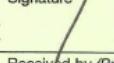
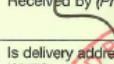
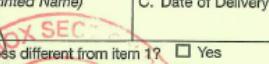
Status**Delivered**

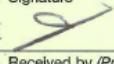
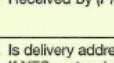
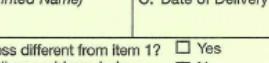
July 25, 2019 at 12:51 pm
 Delivered, Front Desk/Reception/Mail Room
 NEW YORK, NY 10016

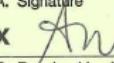
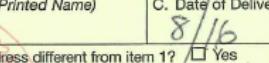
Get Updates**Delivered**

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1. Article Addressed to: Keith Raniere c/o Marc Agnifilo, Esq. Brafman & Associates 767 Third Avenue New York, New York 10017  9590 9402 5067 9092 9636 11		A. Signature  <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <input type="text" value="Sabrina Hamilton 7/25/19"/> C. Date of Delivery <input type="text" value="7/25/19"/> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
			
2. Article Number (Transfer from service label) 7003 0500 0002 4773 5421		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-9053			
Domestic Return Receipt			

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1. Article Addressed to: Keith Raniere - 57005-177 MDC Brooklyn METROPOLITAN DETENTION CENTER P.O. Box 329002 Brooklyn, New York 11232  9590 9402 5067 9092 9636 28		A. Signature  <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <input type="text" value="Bell 7/25/19"/> C. Date of Delivery <input type="text" value="7/25/19"/> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
			
2. Article Number (Transfer from service label) 7003 0500 0002 4773 5438		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<p>1. Article Addressed to:</p> <p>Sara Bronfman c/o Lester E. Lipschutz, Esq. Cozen O'Connor One Liberty Place 1650 Market Street, Suite 2800 Philadelphia, Pennsylvania 19103</p> <p></p> <p>9590 9402 5067 9092 8280 88</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7003 0500 0002 4773 5476</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p>Fifth Third Mortgage Company 5001 Kingsley Drive, MD: IMOCBQ Cincinnati, Ohio 45227</p> <p></p> <p>9590 9402 5067 9092 8280 64</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7003 0500 0002 4773 5445</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p>NXIVM c/o-Michael Sullivan, Esq. Ashcroft Law Firm 200 State Street, 7th Floor Boston, Massachusetts 02109</p> <p></p> <p>9590 9402 5067 9092 9693 16</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7003 0500 0002 4773 5476</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	